Secondhand smoke: Who's autonomy are we willing to negate?

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About the author:
A resident of Olathe, Kansas, Mindy is a member of Delta Chapter of Sigma Theta Tau International the Honor Society of Nursing, and an alumnus of University of Kansas Chapter of Pi Beta Phi. She is the recipient of Laurence Filkin Scholarship, the Bainum Scholarship and the Celeste Beesley Winslow Scholarship. She graduates from the KU School of Nursing in the top three percent of her class qualifying her for highest distinction honors. She plans to start her career in the Medical Intensive Care Unit at the University of Kansas Hospital. Her future goals are to become a Certified Registered Nurse Anesthetist. Mindy feels especially connected to this topic due to the tragic experiences she witnessed by watching her grandfather die from lung cancer.

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Introduction

In 1976, a New Jersey Superior Court judge presided over the landmark case of Shimp vs. New Jersey Bell Telephone Company. The judge ruled that the evidence was

> clear and overwhelming that cigarette smoke contaminates and pollutes the air, creating a health hazard not merely to the smoker but to all those around her who must rely on the same air supply. The right of an individual to risk his or her own health does not include the right to jeopardize the health of those who must remain around him or her in order to perform properly the duties of their jobs (Sweda, 2004, p. 61).

This case elicited numerous questions on the effects of secondhand smoke (SHS) causing many non-smokers to defend their rights to breathe clean air.

Even though the case mentioned above was geared toward smoking in the work place, the issues of SHS reach much farther. The main purpose of this paper will be to address the effects SHS has on the human body and the benefits of smoke-free environments for adults and children. The issue of SHS is important for the nursing profession to examine because chronic diseases present in hospitals are often associated with SHS.

Review of Literature

Secondhand smoke, also known as environmental tobacco smoke, is a complex mixture of gases and particles which includes smoke from the burning cigarette, cigar, or pipe tip and exhaled mainstream smoke. SHS contains at least 250 chemicals known to be toxic, including more than 50 that are known carcinogens (National Toxicology Program, 2005). Some of the chemicals contained in SHS include formaldehyde, cyanide, carbon monoxide, ammonia, and nicotine. Fortunately, exposure of adults to SHS is declining as smoking becomes increasingly

restricted in workplaces and public places. Unfortunately, children continue to be exposed in their homes by the adults around them that choose to smoke (U.S. Department of Health and Human Services, 2006).

The overwhelming body of medical evidence clearly demonstrates the direct causes and linkages between exposure to second-hand smoke and serious health effects among non-smokers. The adverse health effects of SHS exposure in non-smokers have been documented since the early 1970s, yet the exposure still exits in many public places across the United States. Each year, there are 3000 lung cancer deaths and at least 35,000 coronary heart disease deaths attributed to SHS exposure in US non-smokers (Pickett, Schober, Brody, Curtin & Giovino, 2006).

Secondhand smoke is a pollutant that causes serious illnesses in adults and children. Adults exposed to SHS are more susceptible to heart disease and lung cancer. Children that are exposed to smoke are at increased risk for sudden infant death syndrome, middle-ear disease, worsened asthma, respiratory symptoms, and slowed lung growth. The children of parents who smoke have an increased frequency of a variety of acute respiratory illnesses and infections, including chest illnesses before 2 years of age and physician-diagnosed bronchitis, tracheitis, and laryngitis, when compared with children of non-smokers (U.S. Department of Health and Human Services, 2007). There is strong evidence that SHS may be associated with stroke, spontaneous abortion, negative effects on the development of cognition and behavior in children, exacerbation of cystic fibrosis and cervical cancer (California Environmental Protection Agency, 1997).

Scientific evidence has determined that a safe level of exposure to SHS does not exist. Non-smokers who are exposed to SHS at home or work increase their heart disease risk by 25-30 percent and their lung cancer risk by 20-30 percent (Department of Health and Human Services,

2006). Pickett, Schober, Brody, Curtin and Giovino (2006) conducted an investigation of the relationship between smoke-free law coverage and SHS exposure in the United States non-smoking adult population. These researchers found that, as of January 2006, there were 440 local laws and 15 state laws that require smoke-free air in at least one of three locations (workplaces, restaurants, and bars), covering 39% of the total US population. Also, up to a 90% reduction in the odds of SHS exposure for adults residing in counties that enacted smoke-free air laws, compared to those without smoke-free policies was found. Smoking bands and restrictions in workplaces in the United States, Australia, Canada, and Germany have lead to 3.8% reduction in smoking prevalence among employees (Fitchtenberg & Glantz, 2002).

Adolescents who work in smoke-free workplaces are significantly less likely to be smokers than adolescents in workplaces with no smoking restrictions or a partial work-area smoking band (Farkas, Gilpin, White & Pierce, 2000). In another study investigating the factors contributing to smoking behavior of adolescents, researchers found having parents and best friends who smoked increased the susceptibility of adolescent, who had never smoked, initiating smoking (Pierce, Choi, Gilpin, Garkas & Merritt, 1996).

Conclusion

Shimp vs. New Jersey Bell Telephone Company was instrumental in paving the way for researchers and doctors to take a closer look at the harmful effects associated with SHS. Once the Surgeon General published the 1986 report, *The health consequences of involuntary smoking,* SHS became linked to an endless list of serious health problems ranging from sudden infant death syndrome to lung cancer. It has also been found that exposure to SHS in the workplace, home and public only exacerbates one's health problems. It is widely known that health problems associated with SHS can be avoided by eliminating passive smoking exposure, whether

it exists. With all of this information at our finder tips, what has prevented a national ban on smoking from being implemented?

Implementing 100% smoke-free environments is an effective way to protect the population from exposure to SHS. This may seem like a drastic measure, but the increase in the last 10 years of the known diseases associated with SHS shows that not enough is being done to stop the exposure. By decreasing the public exposure to SHS there should be a decline in the occurrence of lung cancer and heart disease leading to an increase in the health of future generations.

As a member of the nursing profession we must advocate for smoke-free policies. Secondly, we need to routinely screen children to identify household members who smoke and advise parents to take steps to eliminate children's smoke exposure. Thirdly, we need to provide information to smokers about the benefits of quitting. However above all this, as a nurse we must always remember, we are role models and our actions speak loudly.

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